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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing

OR

☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	J-3568A
First Named Inventor	Anita Wongosari
<b>COMPLETE IF KNOWN</b>	
Application Number	10 / 712,457
Filing Date	November 13, 2003
Art Unit	
Examiner Name	

**As the below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**OPEN GEL DELIVERY DEVICE***(Title of the Invention)*

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **11/13/2003** as United States Application Number or PCT InternationalApplication Number **10/712,457** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

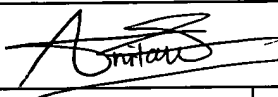
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		28165		OR <input type="checkbox"/> Correspondence address below	
<b>Name</b> Robert A. Miller					
<b>S.C. Johnson &amp; Son, Inc.</b>					
<b>Address</b> 1525 Howe Street, MS 077					
<b>City</b> Racine			<b>State</b> WI		<b>ZIP</b> 53403
<b>Country</b> USA		<b>Telephone</b> 262-260-4975		<b>Fax</b> 262-260-4253	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
<b>NAME OF SOLE OR FIRST INVENTOR :</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any]) Anita			<b>Family Name</b> or Surname Wongosari		
<b>Inventor's Signature</b> 				<b>Date</b> 02/06/2004	
<b>Residence: City</b> San Luis Obispo		<b>State</b> CA		<b>Country</b> USA	<b>Citizenship ID</b>
<b>Mailing Address</b> 111 Mustang Drive, Apt. #307					
<b>City</b> San Luis Obispo		<b>State</b> CA		<b>ZIP</b> 93405	<b>Country</b> USA
<b>NAME OF SECOND INVENTOR:</b>			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
<b>Given Name</b> (first and middle [if any]) Padma Prabodh			<b>Family Name</b> or Surname Varanasi		
<b>Inventor's Signature</b>				<b>Date</b>	
<b>Residence: City</b> Racine		<b>State</b> WI		<b>Country</b> USA	<b>Citizenship</b> USA
<b>Mailing Address</b> 2 Cherrywood Court					
<b>City</b> Racine		<b>State</b> WI		<b>ZIP</b> 53402	<b>Country</b> USA
<input type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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Attorney Docket Number J-3568A

First Named Inventor Anita Wongosari

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Art Unit

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(Title of the Invention)

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label **28165** OR ☐ Correspondence address below

Name **Robert A. Miller**

**S.C. Johnson & Son, Inc.**  
Address **1525 Howe Street, MS 077**

City **Racine**

State **WI**

ZIP **53403**

Country **USA**

Telephone **262-260-4975**

Fax **262-260-4253**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) **Anita**

Family Name  
or Surname **Wongosari**

Inventor's  
Signature

Date

Residence: City **San Luis Obispo**

State **CA**

Country **USA**

Citizenship **ID**

Mailing Address **111 Mustang Drive, Apt. #307**

City **San Luis Obispo**

State **CA**

ZIP **93405**

Country **USA**

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any]) **Padma Prabodh**

Family Name  
or Surname **Varanasi**

Inventor's  
Signature

*Padma Prabodh Varanasi*

Date

**12/11/03**

Residence: City **Racine**

State **WI**

Country **USA**

Citizenship **USA**

**2 Cherrywood Court**  
Mailing Address

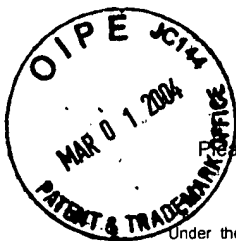
City **Racine**

State **WI**

ZIP **53402**

Country **USA**

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Please type a plus sign (+) inside this box → ☐

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; DEPARTMENT OF COMMERCE

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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/712,457
Filing Date	November 13, 2003
First Named Inventor	Anita Wongosari
Title	Open Gel Delivery Device
Group Art Unit	
Examiner Name	
Attorney Docket Number	J-3568A

I hereby appoint:

☒ Practitioners at Customer Number **28165**  
**OR**

☒ Practitioner(s) named below:

Name	Registration Number
Herbert W. Mylius	24,578
Carl R. Schwartz	29,437
Richard T. Roche	38,599
Steven J. Wietrzny	44,402

Place Customer  
Number Bar Code  
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

**OR**

☐ Practitioners at Customer Number

**OR**

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☐ Firm or  
Individual Name

Address

Address

City

State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name

Anita Wongosari

Signature

Date

02/06/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of **Two** forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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PTO/SB/81 (02-01)

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### SIGNATURE of Applicant or Assignee of Record

Name

Padma Prabodh Varanasi

Signature

*Padma Prabodh Varanasi*

Date

12/11/03

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